|                           | Sur   | PRODUCTION  The state of the st | <b>ON RECORD</b><br>vice Program (S |   |                 |
|---------------------------|---|--|-------------------------------------|---|-----------------|
| Date:                     |   |  | 100 110 810111 (8                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 |
| Type of Meal:             | ☐ Breakfast   | ☐ Lunch  | ☐ Snack                             | ☐ Dinner                                |                 |
| First Meal Served (Time): |   |  | Last Meal Served (Time):            |   |                 |
| Second Meals: Menu:       |   | am Adults:<br>program Adults:  | :                                   | Total Meals Ser                         |                 |
| Planned Serving           | Components  |  |                                     | Total Quantity                          | Total Number of |
| Size:                     | Components  |  |                                     | Food Used                               | Servings        |
|                           | Meat/Meat Alternate (2 oz. minimum)                             |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           | T 1 1 1 1 1 1 1   | 1 /2//   | •                                   |   |                 |
|                           | Fruits and Vegetables (3/4 cup minimum least 2 different kinds) |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           | Drand/Crain (1 az   | /danii   |                                     |   |                 |
|                           | Bread/Grain (1 oz.)   | aay minimum)   |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           | Fluid Milk (specify   | y type, 8 oz. min  | imum)                               |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           | Other Food (not in  | meal pattern)  |                                     |   |                 |
|                           |   |  |                                     |   |                 |
|                           |   |  |                                     |   |                 |